

NEVADA STATE BOARD OF EXAMINERS FOR MARRIAGE & FAMILY THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS

PO Box 370130 Las Vegas, Nevada 89137

Office: (702) 486-7388 FAX: (702) 486-7258

PRIMARY SUPERVISOR APPLICATION

Applicant's name (print)				License Number	
Business/Agency (if applicable))			Email	
Address				Phone Number	
				NIh.	
City	State	Zip	Cell Phon	ne Number	
Pursuant to NAC 641A.182, plea	se check all that appl	y:			
() Transcript showing at le			course taught by	an instructor deemed ap	propriate by the Board
OR;					
() A certificate of a profe appropriate by the Board, which Certified Counselors AND ;	essional training prog a is provided by the A	gram as evidence American Associati	of supervision su on for Marriage a	pervision taught by an and Family Therapy or	n instructor deemed the National Board f
() Evidence of 25 hours of					
() A copy of a Mentorship	Agreement signed by	the Mentor and the	Mentee supervisor	r(s) entering the training	g relationship.
In lieu of the above, please check	k all that apply:				
() A copy of "Approved S	upervisor" or "Superv	isor Candidate" cer	ificate from AAM	FT OR ;	
() A copy of "Approved C	Clinical Supervisor" ce	rtificate from the N	BCC.		
My signature below affirms	that I understand a	nd will comply v	vith all provisio	n of NAC 641A.178	
Supervisor Candidate Nar			Signature		Date
I attest that I have mentored	l, or will mentor, th	ne above-named	individual in 25	hours of supervision	n.
Mentor Name (Print)			Signature		Date .
I waive the 21 working days	notice required by	NRS 241 033 a	nd agree that th	he Board of Examin	ers for Marriage a
I waive the 21 working days mily Therapy and Clinical Pro	ofessional Counsel	ing may conside	r my request at	t its next scheduled	Board Meeting.
			[Mentor]		